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ABSTRACT

The paper presents a brief review of the regular education system in Great Britain followed by a more indepth examination of special education for physically handicapped students. The history of special education is discussed with particular emphasis on changes since the Warnock Commission (1974-78). Services for physically handicapped students are explained to be centered in residential special schools frequently located in rural areas. Two special day schools in Coventry and London and numerous residential schools are described. Educational programs serving older physically handicapped students are noted. A final section considers five emerging issues: the education of physically handicapped children with additional handicaps, the education of preschool children, education of children in hospital schools, schools for "delicate" (special health problem) children, and recreation for the disabled. (CL)

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EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN
IN GREAT BRITAIN

Council for Exceptional Children

Detroit

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Overview

This presentation will begin with a brief review of the regular educational system of Great Britain, and then of special education for handicapped children. For ease of reference England will be used to refer to all of Great Britain with differences for Wales and Scotland being mentioned as necessary. Some statistics and an overview of the categories of handicapped children entitled to education will be provided. The majority of the presentation will be a description of schools for the physically handicapped, including day and residential schools, both public and private. There will be some discussion of post-secondary education opportunities and then a review of emerging issues such as hospital schools, pre-school education, and services for the multi-handicapped. A research study on the effects of physical handicap on self-concept in adolescents will be summarized. Finally, suggestions will be given on arranging visits to special schools in England, including a list of schools and other resources. It should be noted that most of this study was done in 1976, with more recent material being added in 197

Educational system

The Department of Education and Science which is the Government department responsible for education has the dual tasks of regulating schools and promoting education in general. It is responsible for the general financing of schools but does not actually run the schools since this is left to the Local Education Authorities (LEAs). They are made up of unpaid, part-time members who are elected in elections similar to school board elections in the United States. They in turn appoint the chief education officer who is responsible, with his staff, for the daily administration of the local education system.

The Education Act of 1944 set up the school system in England as it is organized today. At age 5 a child enters the infant school where the emphasis is on learning to read and write and do simple arithmetic. From the age of

7 to 11 a child attends the junior school which parallels the American elementary school. When infant and junior schools are combined these are called primary schools. The Head of each school has considerable autonomy with regard to curriculum as long as the only required subject - religious education - is included. At about age 11 children progress to secondary schools. As the result of major changes in the past 15 years children now attend comprehensive secondary schools rather than being divided on the basis of ability. The minimum school-leaving age is 16 and about 85% leave at this age. Students who have been in academic courses usually take the General Certificate of Education (G.C.E.) - a subject-based achievement test - at either Ordinary or Advanced level in one or more subjects. Many other school-leavers take the easier Certificate of Secondary Education (C.S.E.) in one or more subjects. Those who remain at school beyond age 16 are usually preparing for higher education which will require for admission two or more passes at the Advanced level of the General Certificate of Education. Some of those who leave school at 16 will attend colleges of further education or technical colleges where they will prepare for skilled occupations or increase their general education. About one of every ten children is not in the maintained or state school system but instead attends a parallel system of private or parochial schooling including the well-known "public" boarding schools like Eton and Harrow.

History of special education

Education of the handicapped in Great Britain goes back to the attempts of various voluntary organizations and religious bodies to work with the deaf and the blind in the 1700's. These early efforts were often the work of one teacher with a single handicapped child or a small group of children. Early schools were private, and certainly education was not equally available to all children with physical or sensory handicaps until well into the present century. Additions to the special education laws in the early 1900's added

physically handicapped, mentally defective, and epileptic children to the blind and deaf children as children entitled to special education. It took the Education Act of 1944, which reorganized primary and secondary education in England, to make most handicapped children eligible for special education. Section 33 of the 1944 Act listed the ten categories for special education: blind, partially sighted, deaf, partially hearing, educationally sub-normal, maladjusted, epileptic, physically handicapped, delicate, and those with speech defects. These ten categories were more fully defined in the Handicapped Pupils and Special Schools Regulations of 1959 which also placed limits (later removed) on class size and pupil-teacher ratios. The Education (Handicapped Children) Act of 1970 included the trainable and severely mentally retarded as children for whom special education must be provided. In 1970 the Chronically Sick and Disabled Persons Act, in addition to laws about access, housing, transportation, and welfare, mandated that special education also be provided for the deaf-blind, children with autism, and children with acute dyslexia.

Special education and the Warnock Commission

Special education in Great Britain is undergoing some exciting changes at present. The Warnock Commission made a study between 1974 and 1978, looking at all aspects of the education of handicapped children and adolescents, including hearing testimony from many professionals, parents, and handicapped individuals, promoting research studies, and exploring innovative approaches to special education. This is a typical approach to changes in the human services in Britain in that the report of a commission is usually followed by appropriate legislation being introduced in Parliament to allow for government changes and implementation of at least some of the recommendations.

The Education Act of 1981, which implements many of the recommendations of the Warnock Report on special education published in 1978, took effect on April 1, 1983. The 1981 Education Act does away with the ten categories of

handicapped children for whom special education and special schools were mandated in the past. The categories will be replaced by a statement that a child has special educational needs "if he has a learning difficulty which calls for special educational provision to be made for him". This rather vague and circular definition grew out of the thinking of the Commission members who felt that there is no clear line between the handicapped and the non-handicapped and that the need for special education was relative or a matter of degree. In the future special schools are likely to be set up to respond to different types of special educational needs rather than specific handicap groups. For example, severely physically handicapped children and those with moderate learning difficulties - the moderately mentally retarded - may benefit from similar types of intensive educational programming. The Act also increases parent involvement in the assessment process and in the development of individual educational plans. Assessment of children will be based on medical, educational, and psychological information with the decision being made by a multi-disciplinary team rather than by the school medical officer as was often the case in the past.

Integration gained some support with the conditions for a handicapped child being educated in an ordinary school being: the child will receive the special educational provision which he requires, and his education in the regular school will be compatible with the provision of efficient education for the non-handicapped children with whom he will be educated. There is hope that special schools will come to be seen more as regional special education resource centers and that children will move from special schools to ordinary schools and vice-versa more easily and frequently. One of the interesting changes is the provision of a "named person" who will act as a coordinator and advocate for the handicapped child and his family. This person may change as the child grows older, perhaps being the home health visitor for a pre-school child, the special school teacher for an older child,

and the specialist careers officer for the handicapped in the case of an adolescent who is ready to leave school. Other recommendations, especially regarding teacher training, the establishment of a national special education advisory committee to assist the Department of Education, and increasing provision for handicapped children under age 5 and school-leavers at age 16, were included in the Warnock Report. These areas did not receive much attention in the Education Act of 1981 and it is uncertain if there will be any more major changes at present.

Current situation

Physically handicapped children usually start school at age 5, which is the normal entrance age, but they may attend special nursery schools where they can receive physical and occupational therapy as well as socialization. Handicapped children may be assessed in terms of special education needs at any time after age two years; this may be relatively quick or may include a comprehensive assessment in a special diagnostic and assessment unit over a period of weeks or months. There are a number of types of possible placement for a handicapped child, and it is hoped that more than one will be used, if needed, for a given child in the course of his education. Children must remain at school until age 16, and the majority of handicapped children do leave at age 16. Integration is encouraged by the Department of Education and has been officially promoted since at least 1954. This policy was strengthened in 1973 since it is expected that most handicapped people will live and work in the community when they finish school and because it is increasingly felt that boarding education is bad because it removes children from their families at an early age. The children who are most likely to be integrated are those with mild handicaps; those with severe handicaps who are having a trial in an ordinary school; those who can start in a regular school but who may later need a special school; and those whose parents refuse special school placement. Other forms of education include: special classes which have been provided mostly for partially hearing children, special day schools

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which are usually found in urban areas, residential special schools, and home tuition and hospital schools. Residential schools are seen as necessary for rural children, those with low incidence handicaps like blindness, very intelligent physically handicapped children who want to prepare for higher education, children with severe physical or emotional handicaps, and those whose parents cannot care for them at home.

Statistics

In general the special school provision in England is excellent and most categories of exceptionality are well served; there are not enough places let for groups like the autistic and multi-handicapped children. For the physically handicapped there is adequate provision, but it is not well-distributed especially in the north of England and in Wales and parts of Scotland. In 1972 there were 122,283 children attending 1501 special schools. Well over half of these were educationally sub-normal or mentally retarded children. This means that about 1% of the 9 million school children in England are in special schools. In the case of the physically handicapped just over half attend ordinary schools. The most common physical handicaps seen in ordinary schools include: limb defects, heart defects, cerebral palsy, spina bifida, post-polio, and a wide range of uncommon physical disabilities. Out of the approximately 10,000 in special schools almost half have cerebral palsy (3000) or spina bifida (1500) while the other common handicaps are heart disease and muscular dystrophy. Two-thirds of the handicapped children in ordinary schools were in primary schools since special schools may be more necessary on a secondary level if handicaps become more restricting or if mobility is more of a problem in a large secondary school. About one-fourth of the children in ordinary schools who are physically handicapped use some type of mobility aid (wheelchair, braces, crutches, or prostheses). While a large group of children who are classified as "delicate" also are integrated into ordinary schools some of the children with chronic illnesses like asthma, cystic fibrosis, or hemophilia may have more problems maintaining regular

school attendance than children with orthopedic handicaps. "Delicate" children - defined as children who due to impaired health or physical condition are in need of a change of environment or who cannot be educated in ordinary schools without risk to their health or educational development - are often educated in the same schools as physically handicapped children.

Schools for the physically handicapped

The first schools for the physically handicapped were started by voluntary organizations about 1850; and before 1900 there were schools for the physically handicapped in London which were followed by open-air classes for delicate children in 1907. Private or voluntary provision was very important in the development of education for the physically handicapped as well as for other groups, especially the blind and deaf. Chailey Heritage Craft Schools and Hospital in Sussex was established in 1903 to provide medical care, education, and vocational training for crippled boys and girls. Today it is a large and important school and hospital for seriously physically handicapped children and has done pioneering work with children with limb defects from thalidomide. In Strophshire the Derwen Cripples' Training College was started about 1910 to provide vocational training for physically handicapped adolescents; it was soon followed by Queen Elizabeth's College in Surrey and St. Loyes' College in Exeter in the west of England. In 1908 the Lord Mayor Treloar Trust in Alton, Hampshire was established, initially to provide medical treatment and education for boys with surgical TB and post-polio crippling, as well as offering training in tailoring, leatherwork, and boot making. In general the voluntary schools were seen as meeting the gaps in the state educational system. For example, the Spastics Society opened a system of special schools for children with cerebral palsy at a time when they were excluded from schools for the physically handicapped because their handicaps were too severe.

In looking at schools for the physically handicapped the various possible types of education need to be considered. Integration in an ordinary school, which has already been discussed, is the least restrictive alternative and is

the placement preferred by most parents and children. The next least restrictive alternative would be a special class in an ordinary school. Although this is common for partially hearing children it is seldom used for physically handicapped children, partly because of the architectural barriers in many older schools. More common for the physically handicapped than for other groups are residential special schools which are often located in rural areas. Day special schools tend to be located only in urban areas where there are enough children to justify a special school. Often children are placed in residential special schools as much for social as for educational reasons. Unfortunately, about 1500 physically handicapped children are in long-stay hospitals because this is the only way they can receive education; these children are in need of residential special schools or placement in children's homes so they can attend local day special schools.

Schooling for physically handicapped children in England and Wales is provided in 39 coeducational boarding schools; in five boarding schools for boys only and five boarding schools for girls only; and in 72 day schools for the physically handicapped. There are also six residential schools, an assessment center, and two further education centers run by the Spastics Society as well as a number of other private schools for the physically handicapped. Children who live in urban areas - especially London, Yorkshire, Warwickshire, and Lancashire - can attend coeducational all-age day schools which usually serve ages 5 to 16 although some have added nursery sections for children ages 3 to 5 years. A number of delicate children are included in the schools for the physically handicapped, but there are also about 25 residential schools and 35 special school days for delicate children.

In Scotland about 830 physically handicapped children attend day special schools and 250 are in residential special schools. Most children attend small day schools which often have separate classes for the delicate and physically handicapped and for the educationally sub-normal or mentally

retarded. Most Scottish children, unless they are from very rural areas, can attend day special schools while living at home. There is considerable encouragement for physically handicapped students to attend ordinary secondary schools in Scotland whenever this is possible.

Descriptions of schools

A number of special schools will now be described with examples coming from state and voluntary or non-maintained schools, both day and boarding. One or two schools for children with specific physical handicaps will also be discussed since children with spina bifida and cerebral palsy can attend schools for their specific disabilities rather than schools for the physically handicapped. Most LEAs have either day or residential special schools for their physically handicapped children with the larger areas having both alternatives. If an authority does not have its own schools it may send children as tuition pupils to the school run by another LEA or to non-maintained schools. Most children with congenital handicaps spend their entire school days in a given special school unless their family moves or the child is integrated. However, most physically handicapped children who are integrated never attended special schools. Children who become physically handicapped are more likely to be integrated into ordinary schools rather than being sent to special schools.

The Franklin Delano Roosevelt School, in London, is a modern, purpose-built day school for 160 physically handicapped children, ages 2 to 18. It is run by the Inner London Education Authority, and provides primary and secondary education as well as a number of special services such as physical therapy, occupational therapy, speech therapy, and medical services. All children are provided transportation as needed. Children are encouraged to transfer to ordinary schools if able to do so, and the most able pupils may go to one of the grammar schools for the physically handicapped. However, the school does provide courses leading to external exams (G.C.E. and C.S.E.) for those students for whom this is appropriate. Older students also can attend part-time classes

at local colleges of further education. The school has a professional staff of 28 with about 20 support and paraprofessional staff members.

Another large day school visited was Sherbourne Fields School in Coventry which is a large and heavily industrial city about 60 miles north of London. It is the larger of two day special schools for the physically handicapped in the area and has all of the older pupils. These secondary students make up about 40 of the 140 attending this modern school which was built in 1968 for 200 children but which has never been full. Like most day schools for the physically handicapped, Sherbourne Fields includes an indoor swimming pool, a nursery, a gym, shop facilities, a domestic science room with an apartment for work on independent living skills, science lab, art room, and a small library. The subjects taught are similar to an ordinary school but classes average about 18 students, there is more remedial instruction, and there is less tendency to group secondary students for academic classes.

Shifting now to the residential schools, three schools run by LEAs will be described. Valence School, in Kent, enrolls about 100 physically handicapped children, ages 7 to 16, from all parts of the county. About half of the children return home each weekend and all go home for the usual half-term breaks and for month-long holidays between each of the three school terms. Valence includes a special unit for six young children with physical handicaps who are also visually handicapped. The school is located in a rural area with provision for canoeing and field games and an indoor swimming pool which is enjoyed by all of the children. The brightest students leave at 10 or 11 for one of the academic secondary schools for the physically handicapped; and most of the school-leavers end up in further education colleges or sheltered workshops.

Ysgol Erw'r Delyn near Cardiff is an all-age residential school for 120 physically handicapped children, most with spina bifida or cerebral palsy, from all parts of Wales. A good range of subjects is taught and students, if able,

are prepared for external exams (G.C.E. and C.S.E.) and various careers. Emphasis is placed on the development of independence in daily living and there is a separate hostel for the older adolescents where they are expected to manage in a cooperative arrangement with a minimum of assistance. Some handicapped school-leavers use the hostel as a place to live while increasing their social development and maturity, discussing the problems of living in a world not made for the handicapped, and training for a job or continuing an academic education. The school is more concerned than many schools with maintaining family ties, trying to get children home for as many weekends as possible and being selective in the admission of very young children. The school has a close relationship with neighboring St. Cyres Comprehensive School; and 15 physically handicapped adolescents attend the ordinary school full-time while living and receiving special services at Ysgol Erw'r Delyn. These students take an active role in all aspects of the ordinary school which is modern and accessible to the handicapped.

The Inner London Education Authority maintains two residential schools for physically handicapped children who cannot live at home due to social and family problems. Children move from the residential primary school to Hatchford Park, a secondary school for 60 pupils, age 11 to 16. The school is housed in an old country home in a rural area of Surrey, just south of London. The children tend to be somewhat slow academically since the brightest are selected out at 11 for grammar school so no external exams are done, and most leavers go on to further education courses for the disabled. There are specialist facilities and staff for domestic science which is taken by both boys and girls, and for music, pottery, creative arts, and woodwork. Physical education facilities are limited but all children leave the school weekly for swimming and riding lessons.

In addition to the IEA schools for physically handicapped children, a significant number of schools, almost all residential, are run by various voluntary and independent organizations. The schools may be supported by

charitable trusts or by religious bodies or they may be independent schools. In all cases the LEAs which send children to the schools pay fees which cover tuition, room and board, and often include uniforms and transportation to and from home between terms. Like ordinary independent schools these residential schools draw children from all over England and single-sex schools are more common than with the state school system where almost all schools are coeducational.

Founded in 1952, the Spastics Society provides a wide range of services to children and adults with cerebral palsy. These include schools, day care centers, residential centers for adults, work centers and sheltered workshops, and a residential assessment center for children. The organization also sponsors research, provides counseling for families, does psychological evaluations of all children being considered for the Spastics Society schools, helps with vocational training, does public relations, and provides training to teachers and other professionals working with the handicapped. About 500 children attend the seven boarding schools and four affiliated day schools. Many of the children are multi-handicapped with over half having speech defects, a fourth having spatial problems, a fourth with visual defects, and 20% with hearing loss and 20% with epilepsy; many are educationally sub-normal or mildly retarded, and some have emotional problems. The seven schools include: Ingfield Manor and Irton Hall which both take children, ages 5 to 16, who are mildly retarded and some who are partially hearing; Craig-y-Parc and Wilfred Pickles for children of average intelligence, ages 5 to 14; Thomas Delarue which is a grammar and secondary school; Meldreth Manor for moderately mentally retarded children; and Hawksworth Hall which provides prolonged assessment for primary school children. There are a number of residential centers for young adults, and three units - Beaumont College, Dene Park, and Oakwood, for further education.

Craig-y-Parc School, near Cardiff in Wales, has 40 boys and 20 girls with

half of the children being in wheelchairs and about half having poor speech. The oldest class uses many teacher-made aids and teaching machines designed to fit their physical limitations and allow them to communicate effectively. There are good community relationships with children taking part in Guides, Brownies, Cubs, Scouts, and two youth clubs with children who live in the area. At age 14 the children transfer to Thomas Delarue School to finish their education; academically able children transfer at age 11 for the grammar school course. Thomas Delarue School in Kent provides academic and secondary education to about 100 students, the majority of whom are in wheelchairs and many of whom have speech problems. Many come at age 11 for the grammar or academic course although some come from the other Spastics Society schools for the last two years of secondary education. There is a three-year academic course followed by a two year course in those subjects which a student plans to take at G.C.E. "O" level. Some stay beyond age 16 to take advanced exams or commercial exams. Subjects taught include: English, math, general science, civics, history, French, geography, art, music, religious education, and mechanical drawing - all of which may be taken for external exams. Domestic science, physical education, and wood and metal shop are also taken, and there is a wide range of extracurricular clubs and sports. Some students go on to higher education with the distribution of a typical class being 5 to universities, 2 to further education colleges, 2 to employment, and 1 to a residential center for severely physically handicapped spastics.

Meldreth Manor is a unique school for 120 children, ages 5 to 16, who have cerebral palsy and who are educationally sub-normal (severe) with I.Q.s in the 30 to 65 range. It is housed in modern, purpose-built facilities in a rural location near Cambridge, with 30 children living, eating, and going to school in each house. The children are divided by age and houses are coeducational. There is a total staff of 150 with about 8 children per teacher. Much use is made of the outdoors with an outdoor nature classroom, a one-fifth

nile model railway track developed in cooperation with a local club, and an adventure playground with hills, tunnels, swings and the like which is suitable for children in wheelchairs. Most of the children are non-ambulatory with many being incontinent, having no speech, poor hand use, and needing complete assistance with activities of daily living. A variety of sign language systems and electronic machines are used to aid in communication. The school has a full-time research psychologist and a part-time school psychologist who are involved in ongoing assessment, behavior modification programs, and attempts to improve the educational process for these multi-handicapped children. Most leavers go on to sheltered workshops or adult training centers but about one-eighth have to be placed in mental subnormality hospitals.

The Shaftesbury Society is a voluntary, charitable society whose basic aim is to translate the Christian faith into practical service to the community with particular emphasis on the needs of the physically handicapped. To fulfill this objective the Society runs five residential schools for the severely handicapped; operates three residential centers for young men with serious handicaps, mostly muscular dystrophy; and organizes clubs and holidays for physically handicapped children and adults. Coney Hill School, in Kent, serves 64 children, all handicapped by spina bifida. The residential school, which is the first of its kind for children with this serious handicap who require much medical and nursing attention, receives many visitors from Britain and abroad. Coney Hill and another boarding school, Mossbrook School in Sheffield, are the only schools specifically for children with spina bifida since most of these children attend schools for the physically handicapped or are integrated into ordinary schools. Coney Hill provides a good general education with many field trips and much community involvement. Some of the older students take external exams but the brightest transfer elsewhere for an academic education. The nursery section takes children ages 2 to 7, all of whom are weekly boarders. The usual subjects are taught at a secondary level,

including: English, math, history, geography, general science, art, typing, music, physical education, and domestic science and shop for both boys and girls. Weekend activities are varied and children are encouraged to develop their own hobbies and interests.

The Lord Mayor Treloar Trust, located in Alton, Hampshire, was mentioned earlier in terms of the establishment of the hospital and school for boys in 1908. The hospital is now part of the National Health Service, and the Treloar Trust now runs the Lord Mayor Treloar College which provides secondary education for 250 physically handicapped students, ages 9 to 19. A strong emphasis is placed on academics with many students taking G.C.E. and other external exams and older students attending the local sixth form college for academic classes. Stress is placed on training for independent living, and vocational training is offered in horticulture, commercial subjects, tailoring, and other areas. The Trust used to have a separate grammar school for girls, the Florence Treloar School, which was established in 1965, but the School and College combined as a coeducational school about 1980. The most common handicaps among pupils include: hemophilia, cerebral palsy, spina bifida, post-polio, and muscular dystrophy, although a wide range of disabilities are represented. The facilities are purpose-built with provision for gym, art, music, science, domestic science, drama, physical and occupational therapy, and swimming. In general the school is run along the lines expected for any residential grammar school but provision is made for practical as well as academic subjects and for trips abroad, and sports like swimming, riding, archery, canoeing, sailing, basketball, track and field, and fencing. In the first three or four years all students take a general course with: English, French, religious education, math, biology, history, geography, general science, art, music, crafts, and physical education. Physical therapy, typing, occupational therapy, and speech therapy are provided for individual students as needed. At age 14 students select subjects

which they will pursue for two or three years before taking external exams. Most school-leavers go on to higher or further education, or else take jobs in banking, government offices, journalism, art, social service, or various trades.

Further and higher education

While the law provides that LEAs shall make available suitable and full-time further education for all interested individuals ages 16 to 19, with special attention to the needs of the disabled, frequently this is ignored and suitable alternatives are not available for disabled school-leavers. Recent changes in the law state that provision must be made for a "transitional year" for all school leavers between ages 16 and 17, as of September 1983, so more further education opportunities may develop. Hopefully, for many, this will take the form of a combination of education, training, and industrial experience. The outlook for handicapped school-leavers is made much worse by massive youth unemployment and the economic conditions in Britain in the past few years. Note was made in the Warnock Report of 1978 of the need to develop a pattern of significant living without work as a means of providing for handicapped young people who could not find employment. It is generally felt, however, that a permanent life without employment should be limited to those individuals who are too severely disabled to be able to work rather than including those who are having difficulty finding employment but who are capable of working. There are a variety of alternatives for handicapped school-leavers which need to be considered: school-based courses including special classes for leavers; various further education provisions ranging from mainstreaming to special courses to specialist colleges for the disabled; the Youth Opportunities Program which has been established by the Manpower Services Commission to provide training for unemployed young people; adult centers for the more severely disabled run by social services departments; and continuing education opportunities like the Open University.

There are 13 establishments, all at least partially residential, for the further education and training of the physically handicapped in England, and one specialist college in Scotland. Of course, these colleges represent only one alternative for physically handicapped school-leavers. Some go on to colleges or universities but surveys indicate that less than one percent of British university students, in 1974, considered themselves to be physically handicapped. Adapted facilities and special provisions are uncommon in universities. Vocational rehabilitation units run by the Ministry of Labor are designed for workers who become disabled rather than for rather immature, physically handicapped adolescents. Research has shown that most of these school-leavers need a center where total assessment can be combined with training for maximum social and personal independence, and then vocational training and job placement can follow.

At present many school leavers, especially from residential special schools, attend the various specialist colleges and assessment units for the disabled. These are usually coeducational and largely residential, being aimed mostly at the 16 to 20 age group. St. Lyses College in Exeter offers vocational training for men and women who have been disabled and who need retraining for new occupations. They also have a program of prolonged assessment and pre-vocational training for 50 physically handicapped school-leavers. Most have relatively mild physical handicaps from cerebral palsy or brain damage but are socially immature and slow learners; a few are in wheelchairs as the result of spina bifida. Over half come from ordinary secondary schools. The first ten-week term is spent on assessment and remedial instruction in English, maths, general science, and social studies with much individual attention. The next two or three terms are spent on pre-vocational training and try-outs in various work areas. Most then go on to training courses at St. Lyses in areas like: bookkeeping, computer programming, carpentry, gardening, and office practice. Beaumont College of Further Education, in Lancaster and run by the

Spastics Society, is a residential college for 100 immature school-leavers with cerebral palsy who are average and below-average intellectually. It offers a one-year course designed to foster independence and social and personal growth as well as permitting vocational exploration. The college has 21 academic staff and 28 care staff. The aim is to prepare most students for a life without work but which allows for as much independence and social interaction and personal growth as possible. The college also serves as a national resource center, especially in the development of educational technology. A diagnostic/prescription/evaluation approach is used for instruction, and emphasis is placed on students taking responsibility for themselves in an adult manner.

The National Star Centre in Cheltenham was established in 1967 by a charitable foundation as a college of further education to 100 physically handicapped students doing courses ranging from remedial work up to Open University courses for a university degree. The Centre is housed in an old manor house which is used for classes and in new, purpose-built residential facilities. While it is located in a rural area there are close links with local colleges of further education where students take some courses. Most do a foundation year or assessment course followed by two years of rather academic education with an emphasis on external exams and Open University work although others study commercial subjects and vocational subjects like woodwork, metalwork, and dressmaking. Most go on to additional training or higher education or find jobs in open employment or in sheltered workshops with residential hostels.

Hereward College is the national residential college for physically handicapped school-leavers with good academic potential. It opened in purpose-built accommodation in Coventry in 1971. Most students are severely physically handicapped and come from special schools; they are ages 16 to 19

and most stay for about two years at Hereward, which is fully residential. The provision of care staff is seen as critical since half of the students are in wheelchairs and many need considerable help to become as independent as possible in terms of self-care and activities of daily living. Common handicaps include: cerebral palsy, spina bifida, spinal cord injuries, thalidomide, muscular dystrophy, and a variety of other orthopedic and neurological handicaps. Most students do a one-year foundation course to help them catch up on educational gaps, permit a comprehensive assessment, and allow for guidance and counselling with regard to vocational alternatives. Those who remain at Hereward can then choose between courses in office/business studies and various academic subjects at G.C.E. level which are needed for university/polytechnic entrance or for employment. In looking at the 280 students who left in the first seven years it was found that: 17% went on to higher education in universities and polytechnics, 23% went on to colleges of further education, 26% were employed, 20% were unemployed, and there was no information on the remaining 15%.

Emerging issues

A number of other issues will be covered although only in brief. These include: education of physically handicapped children with additional handicaps, education of preschool children, education of children in hospital schools, schools for delicate children, and provision of recreation for the disabled.

While many schools for the physically handicapped do include children with multiple handicaps several schools are specifically designed for those with additional handicaps, especially mental retardation. The Spastics Society schools have already been discussed. Halliwick School, in a north London suburb, is a Church of England residential school for 42 girls, ages 8 to 16, who are physically handicapped and of below average intelligence. Most of the girls are handicapped by cerebral palsy or spina bifida with a

number of the spina bifida group also being blind. The school is in the process of developing a coeducational further education unit for mildly retarded or ESN (M) physically handicapped school-leavers. The emphasis in this unit will be on remedial education, social skills, self-help skills and activities of daily living, and some simple workshop training in work practice. Schools designed primarily for other disabilities also have some children with physical handicaps. For example, Condoover Hall in Stropshire is the residential secondary school for blind children with additional handicaps, and is run by the Royal National Institute for the Blind. In addition to the deaf-blind unit, it includes a number of students with cerebral palsy and spina bifida, several of whom are in wheelchairs.

Pre-school provision is quite variable with some areas having nursery units in day schools for the physically handicapped and others sending pre-school children to regular nursery schools. However, most physically handicapped children receive no education before starting school at age 5. The Child Development Unit at the New Charing Cross Hospital in London combines a day nursery for the pre-school children of hospital staff with an assessment and treatment program for handicapped pre-school children. The normal children are organized into nine family groups led by nursery nurses and teachers. The children who are being evaluated for physical, mental, or emotional handicaps are in a special class or being seen individually for physical, occupational, or speech therapy in the morning. They join the other children for lunch, rest hour, and the afternoon play activities. Most children are seen for a three-week assessment period and then referred to community facilities for treatment if possible; otherwise, they can be followed at the unit.

There are about 80 hospital schools in England and Wales, not counting the 50 hospital schools in the long-term hospitals for the severely mentally retarded. These schools attempt to continue the education of children who are hospitalized for long periods of time, especially those with orthopedic conditions or physical handicaps which call for frequent and sometimes

prolonged periods of hospitalization for surgery or other treatment. The Royal National Orthopedic Hospital, near London, runs a school which includes all of the patients from pre-school age thru 16 as well as older students who are studying for external exams. There is separate provision for adult education, both academic and vocational, and many adults take advantage of several months in the hospital to develop new skills. The school is part of the local school system and carries out the curriculum outlined by the child's home school as well as preparing students for and giving external exams. There are 14 teachers, employed by the LEA where the hospital is located, for the 100 to 110 children usually in school. Classes are held on the wards, either in small groups by age or individually, and a summer program of crafts and recreation is provided. Alder Hey Children's Hospital in Liverpool maintains a school for the approximately 170 children, ages 2 to 16, who are in the general, acute, short-stay children's hospital at any one time. There are 17 teachers, again employed by the local LEA, who are assigned to the wards which are grouped by sex and illness; and two teachers who are in a classroom with some of the ambulatory children. Again, the teachers must cope with children from many different schools who are studying a wide range of subjects; they try to maintain contact with these schools whenever possible.

In a survey of schools for delicate children it was noted that about half of the children have asthma or other respiratory disorders while others have blood diseases, cystic fibrosis, diabetes, epilepsy, social and emotional problems, and general physical frailness or debility. It will be recalled that a number of delicate children attend schools for the physically handicapped. The 60 special schools for delicate children, about half of which are residential, range in size from 21 to 178 children, with all of the larger schools being day schools in urban areas. Most children enter in the primary years although some come at the time of transition to secondary schools; efforts are made to integrate students into ordinary secondary schools when possible. The early

schools for delicate children were established for malnourished, tubercular, and anemic children, and a strong emphasis was placed on fresh air and sunshine. Many of the schools were called "open-air" schools since they had walls of matting which could be rolled up to let the sun and air into the classroom. Some schools are still housed in these buildings but classrooms have been enclosed from the elements and heat provided.

Phoenix School, in London, an all-age day school for 120 children, is one of 13 London schools for delicate children. Three of these are boarding schools for children with home problems or medical reasons to be away from London and the rest are day schools. At Phoenix School most of the children need remedial work and there is a strong emphasis on reading in all classes. For some of the more able senior pupils "link" courses are arranged with colleges of further education. The school favors a multi-disciplinary approach and cooperates with medical, social work, psychological and psychiatric agencies who are working with a child and family. Abbots Lea is a small residential school for 30 boys and 15 girls run by the LEA in Liverpool. Most of the pupils have asthma or general debility but some are maladjusted or have chronic illnesses for which they require special diets and medical treatment. The goal is to return children to their homes after a relatively short period of intense intervention with the child and family and the provision of remedial education in small classes. Attempts are made to maintain family ties with visits and weekends at home while the children are resident at the school.

While much of the physical education and recreation program for physically handicapped children is provided through the schools, there are other programs worth examining. These include the PHAB or physically handicapped and able-bodied youth clubs and holiday courses which involve equal numbers of handicapped and non-handicapped older adolescents and young adults. Other points of interest include: adventure playgrounds, the Junior

Multi-Disabled Games at Stoke Mandeville, Woodlarks Camp Site for the Disabled, and the Churchtown Field Studies Center. The Adventure Playground for Handicapped Children in London, one of several in Britain, was designed for children with brain damage and cerebral palsy but it is used by children with all kinds of physical, mental, and emotional handicaps. The equipment and activities are especially designed to promote sensory awareness and perception. With indoor and outdoor facilities which allow active play with sand, water, mud, and other materials, the center is popular year-round. During the school year it is used by schools for physically handicapped, partially sighted, and mildly retarded children as well as by two nursery schools for children with cerebral palsy. In the summer there are special clubs for physically handicapped children and open days when individual handicapped children may come and bring a friend or siblings if they so choose.

Stoke Mandeville Sports Stadium for the Paralysed and other Disabled, near Aylesbury, is a major international center for sports competition for the disabled. There are several gyms, an outdoor track, archery range, and a large indoor pool. Most residential schools for the physically handicapped and some day schools send teams to the annual Junior Multi-Disabled Games where competition is held in swimming, track and field events, archery, bowling, and team sports like basketball. The annual International Stoke Mandeville Games for physically handicapped adults are the highlight of the year with a high level of skill and intense competition among athletes from over 30 nations. Camping is also important in recreation for the disabled with a major center being the Woodlarks Camp Site for the Disabled in Surrey. Here there are tents as well as a dormitory for those who must sleep inside, a swimming pool, raised fireplaces for cooking from wheelchairs, paved paths through the woods, and other facilities to enable physically handicapped children and adults to enjoy living in the outdoors. The camp site is used by handicapped Boy Scouts and Girl Guides, classes from special schools, and whole wards of adults from hospitals for the chronically sick and disabled.

The newest venture in this area is the Churchtown Field Studies Center in Cornwall, opened by the Spastics Society in late 1975. The center can accommodate 35 physically handicapped persons and the necessary staff for a one or two-week course in nature study, camping, recreation, or similar topics. As well as taking school groups and offering short courses for science teachers from special schools, there are summer courses which individual handicapped children and adults may attend. The range of intellectual abilities and interests is varied but there is some attempt to group individuals on the more and less advanced courses like Cornish history, ornithology, or canoeing.

Research study on self-concept

In addition to visiting many special schools, during the 1975-76 academic year this psychologist conducted research on self-concept, social adjustment, and family relationships in a sample of 200 physically handicapped adolescents. Half came from residential special schools for the physically handicapped and half from day special schools which served a mixture of physically handicapped and delicate students. There have been a number of studies of the family life of handicapped children and adolescents but the question of type of schooling is seldom addressed. Usually comparative research looks at special education versus ordinary school placement rather than at different types of special schools. A group of measures, including the Raven's Standard Progressive Matrices, the Mill Hill Vocabulary test, the Attitudes Toward Disabled Persons Scale, the Piers-Harris Children's Self-Concept Scale, the Draw-A-Person, the home adjustment section of the Bell Social Adjustment Inventory, and the Tasks of Emotional Development, was completed by each subject. The Bristol Social Adjustment Guides were completed by teachers and child care staff. The most common handicaps were cerebral palsy and spina bifida but a wide range of handicaps was included among the 100 boys and 100 girls. There were no significant differences between the day and residential students in terms of age but the residential students were less likely than the day school

students to come from intact families. The day school subjects did receive significantly higher scores on the intellectual measures.

The principal findings included:

1. There was no significant difference between the day and residential school subjects in terms of self-concept.
2. The residential school subjects had better family relationships, as measured by home adjustment, than did the day school subjects.
3. The ambulatory, or less severely disabled, students did not have more positive self-concepts than the non-ambulatory, or more severely disabled, group.
4. There were no differences between the 176 subjects with congenital handicaps and the 24 subjects with handicaps acquired at age 5 years or later, in terms of self-concept, family relationships, or attitudes toward the disabled.
5. There were no significant differences between the day and residential school groups in terms of general social adjustment or attitudes toward the disabled.
6. There were no significant differences between males and females on social adjustment, family relationships, or attitudes toward the disabled. The males did have more positive self-concepts than the females.

It is hard to tell whether the absence of major differences between adolescents in day and residential special schools, as found in this study, is a reflection of the true situation since the results may be complicated by such factors as school environment which was not studied and by methodological issues like the use of American measures with British subjects.

Arranging visits to special schools

Finally, a few comments will be made on arranging visits to special schools, particularly those for the physically handicapped, in Great Britain. Generally, the most successful approach for the individual is to write directly to the Head of the school concerned, giving a few details of personal

background, and suggesting approximate dates for a visit. Most schools are glad to have visitors from abroad as long as the school does not have too many visitors at the same time, and as long as demands are not placed on the school for help in arranging other aspects of travel such as transportation and accommodations. It is more difficult to arrange visits in December, April, and July since these months mark the ends of terms and since external exams are given in the academic secondary schools in late June and early July. Generally school vacations occur between mid-December and early January, for a month around Easter, and from late June to mid-September. Sometimes organizations like the Shaftesbury Society or the Spastics Society can be helpful in arranging a series of visits. The Spastics Society also runs courses at Castle Priory College, near Oxford, which provides weekend and short courses on a wide variety of topics for special education teachers and school psychologists. These courses are also open to foreign visitors and may be helpful in making contacts which will result in invitations to visit schools.

There are a number of resources which a person may turn to in looking for lists of special schools in Britain. The most comprehensive list, giving information as to handicaps, number of students, age range, location, and administration of schools, is the List of Special Schools for Handicapped Pupils in England and Wales, published periodically by the Department of Education and Science (1974). Independent schools for the handicapped are listed in the List of Independent Schools in England and Wales (1974). There is a similar list for Scotland which includes only schools run by voluntary organizations but they run most of the Scottish schools for the handicapped, other than the retarded (Scottish Committee..., 1971). Additional lists and descriptions of special schools can be found in various books (Hunter, 1968; Kellmer Pringle, 1969; Kershaw, 1973; Segal, 1974). A recent book by the Head of Hereward College includes a list of further education colleges with special provision for the handicapped (Panckhurst & McAllister, 1980). The journal Special Education: Forward Trends carries information on new schools and programs.

Number of Children in Special Schools in England and Wales (1971)

Handicap	Total Number ^a	Special Maintained Schools		Special Non-Maintained Schools		Independent Schools ^b	Special Classes ^c
		Day	Residential	Day	Residential		
Blind	975	21	220	30	847	5	7
Partially Sighted	2098	1232	393	33	422	14	205
Deaf	3471	1552	541	206	1271	220	491
Partially Hearing	5029	1036	392	63	494	118	3365
Physically Handicapped	13900	6350 ^e	1217	286	1199	494	639
Delicate	4986	4246	1931	1	695	172	348
Maladjusted	21256	2243 ^f	2337	5	981	3024	1822
Education-ally Sub-Normal(M) ^d	101,111	47677	7888	306	1186	609	8400
Epileptic	1007	171	101	---	472	6	94
Speech Defects	2535	128	35	3	90	21	1085

Notes:

^a 1981 data (shows decline in total number of handicapped school-age children)

^b may or may not be schools for the handicapped; most are residential

^c 1981 data

^d survey made before ESN (S) or trainable mentally retarded were in educational system

^e 922 more children receive home tuition

^f 449 more children receive home tuition

Education of Physically Handicapped Children in Great Britain

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Number of Children and Types of Special Schools in England and Wales (1972)

Type of School	Number of Schools	Number of Pupils	
		Day	Residential
Maintained (or state) day	1091	93,656	
Maintained (or state) residential	298	5,992	14,392
Non-maintained (or private) day	13	712	
Non-maintained (or private) residential	99	599	6,932
All day schools	1104	94,368	
All residential schools	397	6,591	21,324

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Resource List

Organizations:

- Castle Priory College (special education staff training and short courses)
Thames St., Wallingford Oxon OX10 OHE England
- Disabled Living Foundation, 346 Kensington High St., London W14 8NS England
- Handicapped Adventure Playground Association, 2 Paultons St. London S.W. 3 England
- National Council for Special Education, 1 Wood St., Stratford-on-Avon,
Warwickshire, CV37 6JE England
- PHAB (Physically Handicapped and Able-Bodied), 42 Devonshire St., London W1N 1LN
- Shaftesbury Society, 112 Regency St., London SW1P 4AX
- Spastics Society, 12 Park Crescent, London W1N 4EQ
- Stoke Mandeville Sports Stadium for the Disabled, Stoke Mandeville, Aylesbury, Bucks.

Schools and Colleges:

- Beaumont College of Further Education, Slyne Rd., Lancaster LA2 6AP England
- Franklin Delano Roosevelt School, Avenue Rd., London N.W. 3
- Halliwick School, Winchmore Hill, London
- Hereward College of Further Education, Bramston Crescent, Tile Hill Lane,
Coventry CV4 9SW England
- National Star Centre, Ullenwood Manor, Cheltenham, Gloucestershire, England
- Royal National Orthopedic Hospital School, Stanmore, Harrow (nr. London), England
- St. Loyes Training College, Topsham Rd., Exeter EX2 6EP
- Sherbourne Fields Day School, 8 Rowington Close, Coventry 4, Warwickshire
- Treloar Trust (Lord Mayor Treloar College), Holybourne, Alton, Hants. GU34 4EN
- Ysgol Erw'r Delyn (Glamorgan Residential School for Physically Handicapped),
Penarth, nr. Cardiff, Wales